Diabetes Mellitus Flow Sheet**

New York Diabetes Coalition

Developed by the **New York Diabetes Coalition** in collaboration with the New York State Dept. of Health, Diabetes Prevention & Control Program.

Name: ______________________

ID/MRN: ______________________

DOB: ______________________

Height: ______ **Date Recorded:** __________ **Sex:** ☐ M ☐ F

Other Care Clinicians: ______________________

Record visit date at top of column, record test results and/or service date(s) in spaces below.
Check (√) when item complete; mark with "C" if item is contraindicated; "D" if patient declined; "R" if referred.
Highlighted items are required for one or more nationally endorsed diabetes management clinical performance measures.

EXAMINATION/TEST	FREQUENCY	VISIT DATE / /	VISIT DATE / /	VISIT DATE / /	VISIT DATE / /
Complete History and Physical Exam (including risk factors, exercise, and diet history)	Initial visit and annually at discretion of clinician	☐	☐	☐	☐
Blood Pressure Goal: <130/80	Every visit	☐ BP: ___/___	☐ BP: ___/___	☐ BP: ___/___	☐ BP: ___/___
Weight & BMI Goal: BMI ≥18.5 and <25	Every visit	☐ Wgt: ____ ☐ BMI: ____	☐ Wgt: ____ ☐ BMI: ____	☐ Wgt: ____ ☐ BMI: ____	☐ Wgt: ____ ☐ BMI: ____
Comprehensive Foot Exam Sensory/monofilament and Pulses	Annually	☐ Sensory/monoflmt ☐ Pulses	☐ Sensory/monoflmt ☐ Pulses	☐ Sensory/monoflmt ☐ Pulses	☐ Sensory/monoflmt ☐ Pulses
Visual Inspection of Feet	Every visit	☐	☐	☐	☐
Dilated Retinal Exam	Annually*	☐	☐	☐	☐
Dental	Every 6 months	☐	☐	☐	☐
A1C General Goal: <7.0*	Two to four times yearly*	☐ A1C: ____	☐ A1C: ____	☐ A1C: ____	☐ A1C: ____
Fasting Lipid Profile LDL-C <100mg/dl*	Annually*	☐ LDL-C: ____	☐ LDL-C: ____	☐ LDL-C: ____	☐ LDL-C: ____
Urine Microalbumin/Creatinine Ratio* ≥30 μg alb/mg creatinine is abnormal	At diagnosis and annually	☐ Ratio: ____	☐ Ratio: ____	☐ Ratio: ____	☐ Ratio: ____
eGFR (Calculated from Serum Creatinine)*	Annually	☐ eGFR: ____	☐ eGFR: ____	☐ eGFR: ____	☐ eGFR: ____
Flu Vaccine October 1–March 31	Annually	☐	☐	☐	☐
Pneumovax	Once or twice*	☐	☐	☐	☐
Discuss High Risk Behaviors Counsel on smoking cessation and alcohol use	Every visit — Smoking / Alcohol	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled
Psychosocial Adjustment Screen for depression or other mood disorder	Annual/Ongoing	☐	☐	☐	☐
Discuss Sexual Functioning*	Annual/Ongoing	☐	☐	☐	☐
Discuss Preconception/Pregnancy Many Medications contraindicated*	Initial/Ongoing*	☐	☐	☐	☐
Diabetes Self-Management Education (DSME)	Initial visit and at clinician's discretion	☐	☐	☐	☐
Self-Management Goal Assessment Review patient's goals for self-management* including dietary needs, physical activity	Initial/Ongoing	☐ Self-Mgmt. goal:	☐ Self-Mgmt. goal:	☐ Self-Mgmt. goal:	☐ Self-Mgmt. goal:
Medical Nutrition Therapy (MNT) Assess and refer as needed	Initial/Ongoing	☐	☐	☐	☐
Assessment of Hyper/Hypoglycemia Review signs, symptoms and treatment Review self-monitoring blood glucose record	Initial/Ongoing	☐ ☐ SMBG	☐ ☐ SMBG	☐ ☐ SMBG	☐ ☐ SMBG
Review Current Medications and Medication Adherence* Include all medications to control glucose, blood pressure and lipids, aspirin/anti-platelet agents; ACEIs/ARBs; insulin/oral hypoglycemic agents; statins/lipid control agents; over-the-counter, complementary and alternative medicine. Review/adjust medications as indicated to achieve target goals for glucose, blood pressure and lipids.	Initial/Ongoing Check (√) box if currently prescribed Mark "C" if item is contraindicated Mark "D" if patient declined Mark "A" if medication adjusted Mark "X" if medication stopped	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet
Comments (e.g. assessment of complications, adherence to plan, follow up, referrals, etc.)					
Signature/Initials					

* See Guidelines on reverse for details and exceptions.
**American Diabetes Association, Standards of Medical Care for Patients with Diabetes Mellitus, Diabetes Care Vol. 34, Supplement 1, Clinical Practice Recommendations, January, 2011.
To access the current American Diabetes Association Clinical Practice Recommendations, go to http://professional.diabetes.org/CPR_search.aspx
The ADA Clinical Practice Guidelines are reviewed yearly.